UNAIDS
Saving lives, leaving no one behind
LEADING THE GLOBAL EFFORT TO END AIDS

UNAIDS is leading the global effort to end AIDS as a public health threat by 2030 as part of the Sustainable Development Goals.

Since the first cases of HIV were reported more than 35 years ago, 78 million people have become infected with HIV and 35 million have died from AIDS-related illnesses. Since it started operations in 1996, UNAIDS has led and inspired global, regional, national and local leadership, innovation and partnership to ultimately consign HIV to history.

UNAIDS is a problem-solver. It places people living with HIV and people affected by the virus at the decision-making table and at the centre of designing, delivering and monitoring the AIDS response. It charts paths for countries and communities to get on the Fast-Track to ending AIDS and is a bold advocate for addressing the legal and policy barriers to the AIDS response.

UNAIDS provides the strategic direction, advocacy, coordination and technical support needed to catalyse and connect leadership from governments, the private sector and communities to deliver life-saving HIV services. Without UNAIDS, there would be no strategic vision for the AIDS response.

UNAIDS generates strategic information and analysis that increases the understanding of the state of the AIDS epidemic and progress made at the local, national, regional and global levels. It leads the world’s most extensive data collection on HIV epidemiology, programme coverage and finance and publishes the most authoritative and up-to-date information on the HIV epidemic. UNAIDS produces data for impact—no major report, speech or policy initiative on HIV has been launched or made without referring to data collected and released by UNAIDS.

UNAIDS is a model for United Nations reform and is the only cosponsored Joint Programme in the United Nations system. It draws on the experience and expertise of 11 United Nations system Cosponsors—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and is the only United Nations entity with civil society represented on its governing body.

UNAIDS has helped to position, shape and scale up the response to HIV like no other organization, encouraging dialogue and bringing in communities that have been left out of decision-making. Without UNAIDS, the human rights of people living with HIV would have been held back and the voice of civil society would be heard far less often.

UNAIDS has transformed policy. UNAIDS has shaped public policy on HIV at the global, regional and national levels. It has mobilized investment for
sound national policy using evidence, experience and political advocacy, built health and community systems, established legal frameworks and shaped public opinion towards creating healthy and resilient societies.

The UNAIDS Secretariat has offices in 70 countries, with 70% of its staff based in the field, and has a budget of US$ 140 million for 2018. The budget for the Joint Programme for 2018 is US$ 242 million.

WORKING WITH PARTNERS
UNAIDS works with a range of partners to maximize synergies and global investments in the AIDS response. The long-standing collaboration between UNAIDS, PEPFAR and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) helps ensure the goals of saving lives, achieving epidemic control, enhancing health security and increasing global burden-sharing.

Since 2002, UNAIDS has supported more than 100 countries to attract, implement and leverage more than US$ 18 billion in Global Fund investments. UNAIDS helps to improve the return on investment of Global Fund grants by strengthening the focus on the populations and locations most affected by the epidemic and brokering the technical support necessary to scale up HIV services.

Civil society, people living with HIV and community-based organizations are central to the AIDS response. By pushing boundaries and expanding the idea of what a United Nations organization can do, UNAIDS has achieved remarkable results by positioning people living with HIV and affected communities at the centre of the response to HIV. UNAIDS provides a platform for civil society to speak out for their communities and advocates for civil society organizations to be fully funded.

WORKING TOWARDS THE FAST-TRACK COMMITMENTS
UNAIDS has a vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths, and a principle of leaving no one behind.

In 2016, United Nations Member States came together at the United Nations General Assembly for the High-Level Meeting on Ending AIDS. In a historic agreement, they agreed to end AIDS as a public health threat by 2030 through meeting a series of Fast-Track commitments.

UNAIDS is working with countries to meet those commitments, which are enshrined in the 2016 United Nations Political Declaration on Ending AIDS. Realizing the shared goal of ending AIDS by 2030 will take a collaborative effort among countries, people living with HIV, civil society and others.

Central to the Fast-Track commitments are three overarching Fast-Track Targets:

- Reducing new HIV infections to fewer than 500,000 by 2020.
- Reducing AIDS-related deaths to fewer than 500,000 by 2020.

Treatment for all: 90–90–90
UNAIDS is working towards ensuring that, by 2020, 30 million people have access to treatment through meeting the 90–90–90 targets, whereby 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads.

Since UNAIDS launched the 90–90–90 initiative in 2014, it has advocated for a range of actions to achieve the targets: stepping up HIV testing services worldwide; bringing down the cost of antiretroviral therapy, so limited resources can go further; and brokering deals to bring down the price of viral load tests. More and more countries are getting on the Fast-Track, with more than half of all people living with HIV—20.9 million people—now on treatment.

At the end of 2016, the total number of people living with HIV stood at 36.7 million, with the 90–90–90 targets standing at 70% of people living with HIV knowing their HIV status, 77% of people who knew their HIV-positive status accessing treatment and 82% of people on treatment having suppressed viral loads.

Eliminating childhood AIDS
UNAIDS, working with the United States President’s Emergency Plan for AIDS Relief (PEPFAR) and other partners through the Start Free, Stay Free, AIDS Free framework, is building on the tremendous progress achieved under the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive (Global Plan), which saw 60% fewer children newly infected with HIV in the 21 Global Plan priority countries in just six years.

Under the Political Declaration commitments, by 2018, 1.6 million children should have access to HIV treatment, and, by 2020, new HIV infections among children should be eliminated.

UNAIDS’ support to Start Free, Stay Free, AIDS Free is focused on helping the world build towards the ambitious shared goal of ending AIDS among children. Through a Super-Fast-Track approach, children, adolescents and young women will access HIV prevention, treatment, care and support services, bringing the world one step closer to an AIDS-free generation.
Ensuring access to HIV prevention

UNAIDS is helping countries to meet the commitment to ensure access to the range of prevention options, including pre-exposure prophylaxis, voluntary medical male circumcision, harm reduction and condoms, to at least 90% of people, including key populations, by 2020.

The UNAIDS Quarter for HIV Prevention campaign advocates for 25% of AIDS funding to be spent on HIV prevention programmes. UNAIDS modelling on resource needs for the AIDS response shows that investing around a quarter of all the resources required for the AIDS response in HIV prevention services is sufficient to scale up services to dramatically reduce new HIV infections—a target agreed to in the Political Declaration. But Quarter for HIV Prevention is more than a call for more resources: it is a call for effectiveness, efficiencies and impact for every quarter that is invested in HIV prevention.

The Prevention Coalition, a joint initiative with the United Nations Population Fund, has launched a road map to chart the way to reducing new HIV infections by 75% by 2020—a key target towards ending AIDS by 2030.

Championing the rights of girls, women and key populations

UNAIDS has worked to ensure that no one is left behind and has championed the rights of girls and women and of key populations—gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs, prisoners and other incarcerated people and migrants—to ensure that they can access the HIV services they need.

AIDS won’t be ended without eliminating gender inequalities and ending all forms of violence and discrimination against women and girls, people living with HIV and key populations, something that countries have committed to achieve by 2020.

Working with partners, UNAIDS programmes are strengthening the empowerment of women and helping countries to stop violence in all its forms in order to meet this vital target.

Social protection and delivery by communities

UNAIDS has engaged and empowered civil society and people living with HIV in the AIDS response. It has promoted a fundamental change, from a centralized and medicalized HIV response to one that is driven and delivered by communities, extending reach and reducing costs.

The United Nations Political Declaration on Ending AIDS calls for 75% of people living with, at risk of and affected by HIV to benefit from HIV-sensitive social protection by 2020 and for at least 30% of all service delivery to be community-led by 2020.

UNAIDS is working to ensure that communities are empowered to engage, own and direct HIV programmes and promotes the full inclusion of civil society. Since social protection is acknowledged to benefit the AIDS response through increased access to HIV services for all people, including the most marginalized and excluded in society, UNAIDS assists countries to develop and implement evidence-informed programming on HIV and social protection.

Financing the AIDS response

UNAIDS has helped to make the resources for the AIDS response go further. Through advocacy, negotiation and collaboration with the private sector, technical partners and affected countries, UNAIDS has helped to reduce the cost of life-saving medicines for people living with HIV by 100-fold. It has helped to reduce the cost of diagnosing HIV and monitoring HIV treatment effectiveness, to reduce the time in which new medicines developed in high-income countries became available and affordable and to reduce the number of pills from 15 per day to one per day.

In the Political Declaration, countries committed to increasing HIV investments to US$ 26 billion by 2020, including a quarter for HIV prevention and 5% for social enablers. However, in 2016, there was a US$ 7 billion gap, with only US$ 19.1 billion available. With funding flatlining, the world needs to do more to get on track to meeting the US$ 26 billion commitment.

UNAIDS supports countries in determining their AIDS investment needs and supports resource mobilization from both domestic and international sources. UNAIDS will continue to make the money work for people and to mobilize and advocate for a fully funded AIDS response, where the investment made reaches the people who need it.

Realizing human rights

UNAIDS has worked towards protecting and promoting human rights since its inception. UNAIDS has stood up for and amplified the voices of the most marginalized and their human rights defenders when HIV-related rights have been denied or threatened. It has harnessed the power of the United Nations to promote stronger leadership and accountability for ending all forms of violence, discrimination and exclusion in the context of HIV. UNAIDS has advocated for the removal of travel restrictions on people living with HIV, with the list of countries with travel restrictions decreasing from 59 in 2008 to 35 in 2015.